

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable) **PATIENT NHI:** **REFERRER** Reg No:

Reg No: First Names: First Names:

Name: Surname: Surname:

Address: DOB: Address:

..... Address:

.....

Fax Number: Fax Number:

Capecitabine

INITIAL APPLICATION

Applications only from a relevant specialist. Approvals valid for 12 months.

Prerequisites (tick boxes where appropriate)

The patient has advanced gastrointestinal malignancy

or

The patient has metastatic breast cancer*

or

The patient has stage III (Duke's stage C) colorectal*# cancer and undergone surgery

or

The patient has poor venous access or needle phobia*

and

The patient requires a substitute for single agent fluoropyrimidine*

RENEWAL

Current approval Number (if known):.....

Applications only from a relevant specialist. Approvals valid for 12 months.

Prerequisites (tick boxes where appropriate)

The patient requires continued therapy

or

The tumour has relapsed and requires re-treatment

Note:

Indications marked with * are Unapproved Indications, # capecitabine is approved for stage III (Duke's stage C) colon cancer.

I confirm the above details are correct and that in signing this form I understand I may be audited.

Signed: Date:

Post application to Ministry of Health, Private Bag 3015, Wanganui – Fax: 0800 100 131